

UNITED STATES BANKRUPTCY COURT
Middle DISTRICT OF Jacksonville
Florida DIVISION

IN RE:

GEA Seaside Investment

DEBTOR.

CASE NUMBER

3:18-bk-0800-JAF

JUDGE

Funk

CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD
FROM 5/1/2020 TO 5/31/2020

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Debtor's Address
and Phone Number:

Jack Aberman
428 N. Peninsula Dr.
Daytona Beach, FL 32118

Attorney for Debtor's Signature

Taylor J. King

Attorney's Address
and Phone Number:

5452 Arlington Expy
Jacksonville FL 32211
904-725-0822

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, http://www.usdoj.gov/usrt21/reg_info.htm.

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs) <http://www.usdoj.gov/usrt>

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING 5/1/2020 **AND ENDING** 5/31/2020

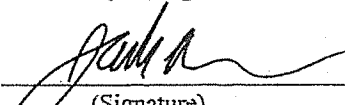
Name of Debtor: G&A Seaside Investments
 Date of Petition: _____

Case Number 18-0800

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD	<u>123,555.13</u> (a)	<u>2,893,910.80</u> (b)
2. RECEIPTS:		
A. Cash Sales	<u>8,052.04</u>	
Minus: Cash Refunds	<u>(-)</u>	
Net Cash Sales		
B. Accounts Receivable	<u>56,388.29</u>	
C. Other Receipts (See MOR-3)	<u>278.06</u>	
(If you receive rental income, you must attach a rent roll.)	<u>218.02</u>	
3. TOTAL RECEIPTS (Lines 2A+2B+2C)		
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	<u>188,486.54</u>	<u>188,486.54</u>
5. DISBURSEMENTS		
A. Advertising	<u>108.00</u>	<u>5,053.44</u>
B. <u>Medical</u>		<u>1,971.95</u>
C. <u>Mortgage</u>		<u>38,747.77</u>
D. <u>Internet</u>	<u>199.96</u>	<u>3,610.29</u>
E. Insurance		<u>58,994.14</u>
F. <u>Contract labor</u>		<u>67,424.39</u>
G. Leases	<u>400.00</u>	<u>6,137.88</u>
H. Manufacturing Supplies	<u>3,372.87</u>	<u>84,767.80</u>
I. Office Supplies	<u>92.98</u>	<u>3,887.75</u>
J. Payroll - Net (See Attachment 4B)	<u>3,097.89</u>	<u>157,726.00</u>
K. Professional Fees (Accounting & Legal)	<u>6,722.50</u>	<u>174,504.33</u>
L. Rent		<u>24,298.06</u>
M. Repairs & Maintenance	<u>10,696.69</u>	<u>214,658.18</u>
N. Secured Creditor Payments (See Attach. 2)	<u>13,441.13</u>	<u>125,604.43</u>
O. Taxes Paid - Payroll (See Attachment 4C)	<u>3,284.36</u>	<u>34,341.14</u>
P. Taxes Paid - Sales & Use (See Attachment 4C)		
Q. Taxes Paid - Other (See Attachment 4C)	<u>980.50</u>	<u>72,731.67</u>
R. Telephone	<u>323.27</u>	<u>6,594.53</u>
S. Travel & Entertainment		<u>2,382.26</u>
Y. U.S. Trustee Quarterly Fees		<u>6,822.29</u>
U. Utilities	<u>2,098.68</u>	<u>66,154.39</u>
V. Vehicle Expenses	<u>1,498.60</u>	<u>79,190.56</u>
W. Other Operating Expenses (See MOR-3)	<u>6.95</u>	<u>48,192.39</u>
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	<u>46,244.78</u>	
7. ENDING BALANCE (Line 4 Minus Line 6)	<u>142,241.76</u> (c)	<u>142,241.76</u> (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 31 day of JUNE, 2020


 (Signature)

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

[Illegible text block]

May 2020 Payments

Date	Payee	Amount
5/1/2020	Payee 24	\$ 777.16
5/1/2020	Payee 19	\$ 1,040.18
5/1/2020	Payee 197	\$ 187.20
5/1/2020	Payee 199	\$ 221.00
5/1/2020	Payee 12	\$ 132.66
5/1/2020	Payee 192	\$ 960.00
5/1/2020	Payee 193	\$ 900.00
5/4/2020	Payee 24	\$ 513.82
5/4/2020	Payee 12	\$ 148.75
5/5/2020	Payee 81	\$ 38.50
5/8/2020	Payee 74	\$ 852.59
5/8/2020	Payee 194	\$ 253.58
5/8/2020	Payee 195	\$ 1,800.00
5/8/2020	Payee 74	\$ 852.59
5/8/2020	Payee 26	\$ 53.40
5/11/2020	Payee 140	\$ 126.58
5/11/2020	Payee 168	\$ 5,322.50
5/11/2020	Payee 82	\$ 300.00
5/11/2020	Payee 82	\$ 77.99
5/11/2020	Payee 78	\$ 255.49
5/11/2020	Payee 79	\$ 1,384.79
5/11/2020	Payee 112	\$ 780.00
5/11/2020	Payee 178	\$ 250.00
5/11/2020	Payee 178	\$ 660.10
5/11/2020	Payee 141	\$ 645.99
5/11/2020	Payee 47	\$ 16.17
5/11/2020	Payee 88	\$ 1,157.73
5/11/2020	Payee 87	\$ 799.35
5/12/2020	Payee 100	\$ 988.24
5/12/2020	Payee 151	\$ 2,833.33
5/12/2020	Payee 41	\$ 93.98
5/12/2020	Payee 194	\$ 504.45
5/12/2020	Payee 38	\$ 400.00
5/12/2020	Payee 5	\$ 740.00
5/12/2020	Payee 176	\$ 134.95
5/12/2020	Payee 159	\$ 74.99
5/12/2020	Payee 33	\$ 225.35
5/14/2020	Payee 21	\$ 6.95
5/15/2020	Payee 84	\$ 2,194.55
5/15/2020	Payee 196	\$ 108.00
5/15/2020	Payee 19	\$ 1,041.71
5/15/2020	Payee 197	\$ 1,368.90
5/18/2020	Payee 22	\$ 980.50
5/18/2020	Payee 11	\$ 323.27

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a list or a series of entries, possibly related to a legal proceeding or a financial statement. The text is organized into columns and rows, but the specific details are not discernible.]

5/18/2020	Payee 200	\$ 160.00
5/18/2020	Payee 200	\$ 320.00
5/19/2020	Payee 107	\$ 1,913.38
5/19/2020	Payee 3	\$ 699.34
5/19/2020	Payee 26	\$ 284.84
5/20/2020	Payee 63	\$ 498.00
5/20/2020	Payee 26	\$ 788.89
5/20/2020	Payee 193	\$ 500.00
5/22/2020	Payee 9	\$ 986.99
5/22/2020	Payee 26	\$ 121.37
5/22/2020	Payee 198	\$ 95.00
5/22/2020	Payee 199	\$ 381.42
5/28/2020	Payee 1	\$ 208.55
5/28/2020	Payee 1	\$ 283.66
5/28/2020	Payee 1	\$ 267.50
5/28/2020	Payee 1	\$ 229.00
5/28/2020	Payee 1	\$ 191.52
5/28/2020	Payee 1	\$ 145.94
5/28/2020	Payee 1	\$ 119.59
5/28/2020	Payee 1	\$ 73.11
5/28/2020	Payee 1	\$ 69.64
5/28/2020	Payee 1	\$ 68.55
5/28/2020	Payee 1	\$ 68.55
5/29/2020	Payee 26	\$ 392.35
5/28/2020	Payee 10	\$ 54.97
5/28/2020	Payee 10	\$ 45.35
5/28/2020	Payee 10	\$ 33.97
5/28/2020	Payee 10	\$ 13.43
5/28/2020	Payee 159	\$ 124.97
5/28/2020	Payee 86	\$ 1,000.00
5/29/2020	Payee 201	\$ 385.56
5/29/2020	Payee 197	\$ 1,316.00
5/29/2020	Payee 199	\$ 278.20
5/29/2020	Payee 19	\$ 1,016.00
5/30/2020	Payee 182	\$ 198.45
5/31/2020	Payee 47	\$ 383.40
Total		\$ 46,244.78

[The following text is extremely faint and largely illegible. It appears to be a list or a series of entries, possibly related to a legal proceeding or a financial statement. The text is organized into columns and rows, but the specific details are not discernible.]

May 2020 Deposit

Date	Payee	For	Amount
5/1/2020	Tenant 7	Address 7	\$ 1,600.00
5/1/2020	Tenant 8	Address 8	\$ 1,395.00
5/1/2020	Tenant 16	Address 16	\$ 995.00
5/1/2020	Tenant 30	Address 30	\$ 725.00
5/1/2020	Tenant 34	Address 34	\$ 1,095.00
5/1/2020	Tenant 23	Address 23	\$ 1,550.00
5/1/2020	Tenant 35	Address 35	\$ 50.00
5/1/2020	Tenant 32	Address 32	\$ 750.00
5/1/2020	Tenant 57	Address 57	\$ 750.00
5/1/2020	Tenant 33	Address 33	\$ 1,395.00
5/1/2020	Tenant 23	Address 23	\$ 1,545.00
5/1/2020	Tenant 15	Address 15	\$ 995.00
5/1/2020	Tenant 40	Address 40	\$ 875.00
5/1/2020	Tenant 14	Address 14	\$ 1,100.00
5/1/2020	Tenant 42	Address 42	\$ 436.95
5/1/2020	Tenant 18	Address 18	\$ 675.00
5/1/2020	Tenant 10	Address 10	\$ 1,650.00
5/1/2020	Tenant 47	Address 47	\$ 1,750.00
5/1/2020	Tenant 29	Address 29	\$ 700.00
5/1/2020	Tenant 52	Address 52	\$ 875.00
5/2/2020	Tenant 58	Address 58	\$ 1,570.00
5/2/2020	Tenant 38	Address 38	\$ 875.00
5/2/2020	Tenant 4	Address 4	\$ 1,000.00
5/4/2020	Tenant 6	Address 6	\$ 6,805.00
5/5/2020	Tenant 48	Address 48	\$ 675.00
5/5/2020	Tenant 49	Address 49	\$ 600.00
5/6/2020	Tenant 54	Address 54	\$ 100.00
5/6/2020	Tenant 42	Address 42	\$ 1,068.05
5/11/2020	Tenant 7	Address 7	\$ 100.00
5/13/2020	Tenant 55	Address 55	\$ 600.00
5/15/2020	Tenant 24	Address 24	\$ 114.50
5/16/2020	Tenant 38	Address 38	\$ 52.14
5/16/2020	Tenant 55	Address 55	\$ 44.00
5/16/2020	Tenant 49	Address 49	\$ 122.00
5/18/2020	Tenant 32	Address 32	\$ 47.88
5/18/2020	Tenant 48	Address 48	\$ 40.54
5/18/2020	Tenant 51	Address 51	\$ 81.04
5/18/2020	Tenant 9	Address 9	\$ 50.00
5/18/2020	Tenant 50	Address 50	\$ 40.54
5/18/2020	Tenant 18	Address 18	\$ 73.11
5/19/2020	Tenant 30	Address 30	\$ 47.88
5/19/2020	Tenant 25	Address 25	\$ 104.50
5/19/2020	Tenant 29	Address 29	\$ 95.76
5/20/2020	Tenant 52	Address 52	\$ 267.50

[The body of the document contains extremely faint and illegible text, likely due to poor scan quality or redaction. The text appears to be organized into paragraphs, but no specific content can be discerned.]

5/20/2020	Tenant 40	Address 40	\$ 59.80
5/20/2020	Tenant 39	Address 39	\$ 130.60
5/20/2020	Tenant 57	Address 57	\$ 59.00
5/20/2020	Tenant 13	Address 13	\$ 1,000.00
5/20/2020	Tenant 35	Address 35	\$ 50.00
5/20/2020	Tenant 54	Address 54	\$ 5,877.50
5/21/2020	Tenant 9	Address 9	\$ 1,550.00
5/21/2020	Tenant 25	Address 25	\$ 10.00
5/25/2020	Tenant 37	Address 37	\$ 50.00
5/25/2020	Tenant 39	Address 39	\$ 100.00
5/25/2020	Tenant 39	Address 39	\$ 500.00
5/27/2020	Tenant 38	Address 38	\$ 100.00
5/27/2020	Tenant 50	Address 50	\$ 850.00
5/28/2020	Tenant 39	Address 39	\$ 3,900.00
5/28/2020	Tenant 44	Address 44	\$ 1,650.00
5/29/2020	Tenant 9	Address 9	\$ 1,350.00
5/29/2020	Tenant 3	Address 3	\$ 200.00
5/30/2020	Tenant 8	Address 8	\$ 1,395.00
5/30/2020	Tenant 33	Address 33	\$ 1,395.00
5/30/2020	Tenant 18	Address 18	\$ 675.00
Total:			\$ 56,383.29

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)**Detail of Other Receipts and Other Disbursements****OTHER RECEIPTS:**

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
See attached		
TOTAL OTHER RECEIPTS		

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
See attached bank statement		
TOTAL OTHER DISBURSEMENTS		

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

ATTACHMENT 1MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGINGName of Debtor: GEA Seaside Investment Case Number: 18-0800Reporting Period beginning 5/1/2020 Period ending 5/31/2020

ACCOUNTS RECEIVABLE AT PETITION DATE: _____

ACCOUNTS RECEIVABLE RECONCILIATION(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received::

Beginning of Month Balance	\$ _____ (a)
PLUS: Current Month New Billings	
MINUS: Collection During the Month	\$ _____ (b)
PLUS/MINUS: Adjustments or Writeoffs	\$ _____ *
End of Month Balance	\$ _____ (c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

POST PETITION ACCOUNTS RECEIVABLE AGING
(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ (c)

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
_____	_____	_____
_____	_____	<u>Collection Agency - In house</u>
_____	_____	<u>Collection Attempt</u>

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: G&A Seaside Investment Case Number: 18-0800
Reporting Period beginning 5/1/2020 Period ending 5/31/2020

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ _____
INVENTORY RECONCILIATION: _____ (a)
Inventory Balance at Beginning of Month \$ _____
PLUS: Inventory Purchased During Month \$ _____
MINUS: Inventory Used or Sold \$ _____
PLUS/MINUS: Adjustments or Write-downs \$ _____
Inventory on Hand at End of Month \$ _____

METHOD OF COSTING INVENTORY: _____

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
_____ %	_____ %	_____ %	_____ %	= _____ 100%*

* Aging Percentages must equal 100%.

☐ Check here if inventory contains perishable items.

Description of Obsolete Inventory: _____

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: _____ (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): _____

See attached

FIXED ASSETS RECONCILIATION: _____ (a)(b)
Fixed Asset Book Value at Beginning of Month \$ _____
MINUS: Depreciation Expense \$ _____
PLUS: New Purchases \$ _____
PLUS/MINUS: Adjustments or Write-downs \$ _____
Ending Monthly Balance \$ _____

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____
none

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4AMONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: GFA Seaside Investment Case Number: 18-0800
 Reporting Period beginning 5/1/2020 Period ending 5/31/2020

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at www.uscourts.gov/uscrt/Forms/Reconciliation. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: TD Bank BRANCH: Jacksonville
 ACCOUNT NAME: Property Management ACCOUNT NUMBER: 4357169684/4363291809
 PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$	
Plus Total Amount of Outstanding Deposits	\$	
Minus Total Amount of Outstanding Checks and other debits	\$	*
Minus Service Charges	\$	
Ending Balance per Check Register	\$	** (a)

*Debit cards are used by Aberman, Jack

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ 0 Transferred to Payroll Account
 \$ 0 Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4BMONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: GEA Seaside Investment Case Number: 18-0800
 Reporting Period beginning 5/1/2020 Period ending 5/31/2020

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/reg/info.htm>.

NAME OF BANK: TD Bank BRANCH: Jacksonville
 ACCOUNT NAME: Property Management ACCOUNT NUMBER: 4357169684/4365291809
 PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	\$ _____
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____ **(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: NA

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4CMONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: GFA seaside Investment Case Number: 18-0800
 Reporting Period beginning 5/1/2020 Period ending 5/31/2020

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: TD Bank BRANCH: Jacksonville
 ACCOUNT NAME: Property Management ACCOUNT NUMBER: 4357169684/4365291809
 PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	\$	_____
Plus Total Amount of Outstanding Deposits	\$	_____
Minus Total Amount of Outstanding Checks and other debits	\$	_____*
Minus Service Charges	\$	_____
Ending Balance per Check Register	\$	_____**(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: NA

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4D**INVESTMENT ACCOUNTS AND PETTY CASH REPORT****INVESTMENT ACCOUNTS**

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable <i>None</i>	Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
TOTAL					(a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand (Column 2) At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
TOTAL		\$ (b)	

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ (c)

(c) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

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ATTACHMENT 5CCHECK REGISTER - TAX ACCOUNT

Name of Debtor: GFA Seaside Investment Case Number: 18-0800
 Reporting Period beginning 5/1/2020 Period ending 5/31/2020
 NAME OF BANK: TD Bank BRANCH: Jacksonville
 ACCOUNT NAME: Property Management ACCOUNT # 4357169684/4363291809
 PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<http://www.usdoj.gov/ust>

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
		NA	NA	

TOTAL

SUMMARY OF TAXES PAID

Payroll Taxes Paid
 Sales & Use Taxes Paid
 Other Taxes Paid
 TOTAL

_____ (d)

_____ (a)
 _____ (b)
 _____ (c)
 _____ (d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
 (b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).
 (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
 (d) These two lines must be equal.

ATTACHMENT 7SUMMARY OF OFFICER OR OWNER COMPENSATIONSUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: GEA Seaside Investment Case Number: 18-0800
 Reporting Period beginning 5/1/2020 Period ending 5/31/2020

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

Name of Officer or Owner	Title	Payment Description	Amount Paid

PERSONNEL REPORT

	Full Time	Part Time
Number of employees at beginning of period		
Number hired during the period	<u>NA</u>	
Number terminated or resigned during period		
Number of employees on payroll at end of period		

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

Agent and/or Carrier	Phone Number	Policy Number	Coverage Type	Expiration Date	Date Premium Due
			<u>NA</u>		

The following lapse in insurance coverage occurred this month:

Policy Type	Date Lapsed	Date Reinstated	Reason for Lapse

☐ Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

